

EXHIBIT G

CERTIFICATION

KATHY KEHOE declares the following to be true under penalty of perjury pursuant to 28 U.S.C. §1746:


1. I am the Trustee of the Grist Mill Trust Welfare Benefit Plan ("GMT"). I make this Certification in accordance with the terms and conditions of the "Order Modifying Restraining Notices Served on Grist Mill Trust Welfare Benefit Plan, Hanover Benefit Plans LLC, and Webster Bank, N.A." entered on December 31, 2014 in the matter of *Universitas Education, LLC v. Nova Group, Inc., et al.*, Dkt. No. 1:11cv01590-LTS, U.S. District Court, Southern District of New York.

2. Attached is a list of insurance premiums scheduled for payment by GMT in the next week. I hereby certify that each premium listed is due and owing by GMT to the identified insurer and the proposed payment is being made in the regular course of business of GMT.

Pursuant to 28 U.S.C. §1746 I declare that the foregoing statements are true.

Dated: Avon, Connecticut

March 23, 2015


Kathy Kehoe

PAYMENTS TO CARRIER REQUEST
PLAN: GMT

3/23/2015

INSURER	INSURED		POLICY#	DATE CONTRIBUTION	AMOUNT OF	
	LAST	FIRST		RECEIVED FROM SUBJECT EMPLOYER	PREMIUM PAYMENT TO INSURER	
UNION CENTRAL LIFE	McDevitt	Jane	X990000835	3/23/2015	\$	950.00
TOTAL REQUEST:					\$	950.00

**Grist Mill Trust
Welfare Benefit Plan**

Jane McDevitt
Creative Computer Products, Inc.
6365 Nandy Ridge
San Diego, CA 92121

Jun 2, 2014

SECOND NOTICE

NOTICE OF CONTRIBUTION DUE

Employer ACCT: 00208 Creative Computer Products, Inc.
Participant: Jane McDevitt

AMOUNT DUE: \$1,754.74
DUE DATE: 07/01/2014

Dear Valued Employer:

Please accept this invoice as a notice that you have the opportunity to contribute to the Grist Mill Trust in order to continue the benefit coverage for your Participating Employees. Effectively, you may be able to deduct the amount of the contribution up to the amount of the Qualified Direct Cost as described in IRC Section 419(c)(3), which is commonly referred to as the cost of term insurance. We have a Proprietary Rate Table created for the Grist Mill Trust that calculates the cost of term insurance for your selected death benefit amount. Your Company can contribute more than this amount and have the deduction carryover to the following taxable year as provided under IRC Section 419(d). If you choose to contribute, please be advised that a 5% premium expense charge will be deducted from each contribution to fund a Plan reserve. Please add 5% to the Total Contribution Amount to accommodate our 5% premium expense charge.

AMOUNT OF CONTRIBUTION NOTICE:

\$ _____

(From Amount Due Above)

TOTAL CONTRIBUTION AMOUNT:

\$ _____

(From Number 3 of Computation Worksheet)

DEDUCTIBLE COST OF TERM INSURANCE:

\$ _____

(From Number 4 of Computation Worksheet)

Please be advised that the Trust will not be responsible for any lapsed policies due to non-payment of minimum premiums required to keep the policy in force. Please confer with your Broker for guidance on the minimum premium requirements. Please note that this invoice must be signed and returned if you do not intend to contribute for this billing period.

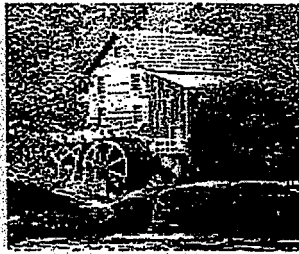
I do not wish to contribute for this billing period: _____

CHECKS SHOULD BE MADE PAYABLE TO :

**GRIST MILL TRUST
GRIST MILL PLAZA
100 GRIST MILL RD
SIMSBURY, CT 06070**

PLEASE ENCLOSE A COPY OF THIS INVOICE
WITH YOUR CHECK

FOR QUESTIONS: PLEASE CONTACT A BENEFITS REPRESENTATIVE AT (860) 408-7000
CC: Manuel Martinez **THANK YOU!**



GRIST MILL TRUST

Employee Death Benefit Computation Worksheet

Calculator:

Name	Jane McDevitt
Age of Last Birthday	68
Death Benefit Amount	\$ 50,000.00
Maximum Tax Deductible Contribution for the Year	\$ 4,304.50

Benefit Worksheet:

- 1) Amount of Contribution. ► \$ _____
(Please retrieve value from the Notice of Contribution attached to this bill)
- 2) Additional Employer Contribution. ► \$ _____
(Please refer to paragraph "C" in the Definitions and Descriptions page)
- 3) Total Contribution. ► \$ _____
(Total Contribution is the SUM of line 1 & 2)
- 4) Maximum Tax Deductible Contribution ► \$ _____
(Please retrieve value from above Calculator)
- 5) Carryover to Next Taxable Year ► \$ _____
(Please refer to paragraph "D" in the Definition and Description page)

Please include copies of Billing Notice and Worksheet with Checks.

Ameritas 

Ameritas Life Insurance Corp.
Individual Division
P.O. Box 81889 / Lincoln, NE 68501-1889
Toll Free 800-745-1112 / Fax 402-467-7335
Address Service Requested

GRIST MILL TRUST
% HANOVER BENEFIT PLATS LLC
10 TOWER LN STE 2
AVON CT 06001-4211

DATE: 01/30/2015
PREMIUM NOTICE

POLICY NUMBER: X990000835

FOR SERVICE CONTACT:

MR MANUEL E MARTINEZ CHFC
MR KENNETH L WINTER CHFC
325 W 3RD AVE STE 203
ESCONDIDO CA 92025

PHONE: 760-741-7706

PRIMARY INSURED: JANE MCDEVITT

THE PAYMENTS MADE INTO THIS POLICY HAVE NOT BEEN SUFFICIENT TO MAINTAIN THE POLICY IN FORCE, AND UNFORTUNATELY, THIS POLICY WILL LAPSE UNLESS THE PAYMENT DUE IS RECEIVED. A CHECK FOR THE AMOUNT DUE SHOULD BE RECEIVED ON OR BEFORE MAR. 30, 2015 AND MAILED DURING THE INSURED'S LIFETIME.

IN ORDER TO CONTINUE THE IMPORTANT FINANCIAL PROTECTION THIS POLICY PROVIDES, PAYMENTS SHOULD BE MADE AS BILLING NOTICES ARE RECEIVED.

PLEASE RETURN THE BOTTOM PORTION WITH YOUR PAYMENT TO INSURE PROPER APPLICATION.

DETACH THIS PORTION AND RETAIN FOR YOUR RECORDS

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE

"PLAN FOR YOUR FINANCIAL FUTURE"

GRIST MILL TRUST
% HANOVER BENEFIT PLATS LLC
10 TOWER LN STE 2
AVON CT 06001-4211

☐ Please indicate address change
by correcting address shown above.

Make check payable to and return to:

AMERITAS LIFE INSURANCE CORP.
P.O. BOX 86632
LINCOLN, NE 68501-6632

POLICY NUMBER: X990000835
DUE DATE: 03/30/2015
AMOUNT DUE: \$ 233.55
AMOUNT PAID: \$

Make sure the address above
is in return envelope window